

M01000001727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

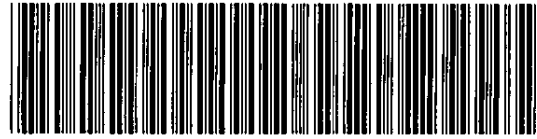
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/08--01022--024 **25.00

T. HAMPTON

APR 23 2008

EXAMINER



US CorpWorks Inc.

23 Butler Avenue

Maynard, MA 01754

www.uscorpworks.com

Phone: 888.967.5799 Fax: 978.897.5905

March 31, 2008

Via US Mail

Division of Corporations

Florida Department of State

PO Box 6327

Tallahassee, FL 32314

Re: Asurion Roadside Assistance Services, Inc.

Asurion Insurance Services, Inc.

Asurion Warranty Services, Inc.

Asurion Credit Protection Services, LLC

Asurion Protection Services, LLC

Asurion Warranty Protection Services of Florida, LLC

Asurion Florida Warranty Services, Inc.

Warranty Corporation of America

Wireless TLC, Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Asurion Protection Services, LLC.

2. The mailing address of the limited liability company is : _____.

8880 Ward Parkway, Kansas City, MO 64114

07/31/2001

M01000001727

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company
Name

1201 Hays Street
Address

Tallahassee, FL
City, State and Zip

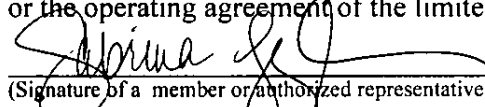
6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name

2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)

Weston FL 33331
City, State and Zip

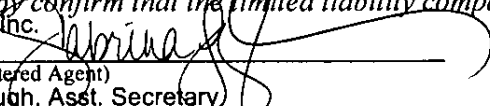
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Sabrina Tillapaugh, Manager
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)
Sabrina Tillapaugh, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00